MINUTES - FINAL

COLORADO METHAMPHETAMINE TASK FORCE
Meeting November 30, 2007
Cherry Creek Corporation Center
4500 Cherry Creek Dr. South
10:00 am – 1:00 pm

Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Janet Wood, Director, Behavioral Health Services, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Commander, Thornton Police, Dept, Metro Drug Task Force

Task Force Members Present:

Attorney General John Suthers; Lori Moriarty, Commander, Thornton Police Dept., Metro Drug Task Force; José Esquibel, CO Dept of Public Health & Environment; Janet Wood, Director, Behavioral Health Services; Dr. Kathryn Wells, Denver Health; Dr. Nick Taylor, Taylor Behavioral Health; Janelle Krueger, CDE; Leslie Herod, Governor's Office; Dan Kaup, Judicial; Janet Rowland, Mesa County Commissioner; Jeanne Smith, Director, Division of Criminal Justice; Tom Quinn, Director of Probation Services; Tim Griffin, Community Parole; Jeaneene Miller, CO Dept of Corrections/Parole; Greg Daniels for Ty Gee, Criminal Defense Bar; Wayne Maxwell, North Range Behavioral Health; Chele Clark, CO Dept of Public Health & Environment

Guests:
Jade Thomas, Colorado Alliance for Drug Endangered Children; Drew DeMarie, Colorado DEC; Kit Besser, CAADSP; Ellen Seerdock, Co. National Guard, Counter Drug Task Force; Chris Ryan, CO National Guard, Counter Drug Task Force; Colleen Brisneham, CO Dept of Public Health & Environment; Pamela Gillen UCDHSC/COFAS; Michael LaRue, Signal Behavioral Health Network; Tamara Hoxworth, CO Dept of Human Services; Bruce Mendelson, Denver Office of Drug Strategy; Emilie Buscaj, Peer Assistance; Angie Wickersham, Mesa County Meth Task Force; Kim Novak, Empowerments; Joni Handran, Empowerment; Summer Wright, OMNI Institute; Ann Noonan, BoulderCounty Public Health; Monica Rotner, Mental Health of Boulder; Representative Jeanne Labuda, State House of Representatives; Scott DeMuro, Metro St. College of Denver; Michael Allen, Connect Care, Inc; Claire Brooker, Jeffco Criminal Justice Planning; Dorian Wilson, Jeffco Criminal Justice Planning; Dennis Danlke, SUCAP, Barbara Ezyk, Peer Assistance; Denise McHugh, CSI; Natalllie Putman-Morsh, NPM Consulting, LLC; Tracy Kraft-Tharp, CO Federation of Families; Elizabeth Pace, Peer Assistance; Shane Bahr, Division of Court Policy and Programs

Approval of Minutes from September 28, 2007

Minutes were approved.

The National Treatment System and the Cost of Substance Abuse to Government:

Susan Foster, Vice President and Director of Policy, Research and Analysis (hand-outs were provided)

- ◊ Most of the money is spent on cleaning up the issues, not on prevention.
- ◊ This year the cost has been improved for prevention and now the money is being used for treatment. Colorado did not recorded or showed any money spent on research. Only state tax money spent in 1998. The majority of the funds go to fight alcohol abuse.
- ◊ Colorado spends more than the national level, $202 million with 24% of state health spending.
- ◊ Addiction is a disease and not a chronic condition. The medical profession and the public health community have failed to educate society. We have not engaged the medical system, they are not involved enough. The majority of physicians are not trained to diagnose substance abuse.
- ◊ The juvenile justice system needs to be looked at more closely especially with the risky and behavioral problems. There is no money spent on juvenile justice in 1998. In 2005 there are some funds addressing this issues.
- ◊ What is the impact of substance abuse on the education system? 8 out of 10 high schoolers and 4 out of 10 middle schoolers have seen illegal drugs used and sold on the school grounds.
- ◊ The worst is at the college level. Almost a quarter of all college age students have already meet medical criteria for alcohol/other drug addiction/abuse.
- ◊ College binge drinking on campuses each year result in over 700,000 students being assaulted, 100,000 students are raped and more than 1,700 die.
- ◊ In Colorado, 10.7% of the $201.7 million is spent of substance abuse education programs.
- ◊ Use the public system to prevent and spot problems, train and build comprehensive system of treatment across the state. The public needs to be trained; the state needs to launch an extensive education campaign against substance abuse. Addiction is a behavioral problem and can be changed. Parents are the most underused partners.
- ◊ Move treatment to mainstream. Substance abuse must be treated as all other treatments. Work with medical professional to do SBIRT. Take a good look at counselors that treat the addicts. We need an integrated system. Smoking is a great example of what can be done.
- ◊ "The Bottom Line"
    - o Substance abuse imposes enormous costs on state governments
    - o State policies increase costs/ignore root program
    - o Substance abuse can be prevented
    - o Treatment can be cost-effective and
    - o Investments in prevention and treatment can save tax dollars

Discussions-

- ✓ What is the rule of thumb for treatment? At this time there is not one. We need to stage the addictions and the treatment that is needed. Currently, this is not happening, we don't know what is in the box. There is evidence treatment by we don't have an outline to give each person a personal treatment. Some Drug courts have an outline for treatment.
- ✓ What is involvement for us? We have to make this up as we go. We are hoping to have a report by next spring. We are also hoping to have 1 or 2 states use the guidelines to develop a model plan. We would develop a comprehensive plan and model that to systemically look at the systems one at a time. Work with all partners, medical practice, education, courts, and state workers that come into contact with the public. We would work with public health to do a statewide campaign. We need a way to evaluate where people are in treatment need. The process would be a lengthy and would probably be a 3 to 5 year commitment. This would be working with CASA. We would need to have an evaluation piece and this would have to be done in a phase in process. Susan would be happy to come back and discuss things with the governor.
- ✓ Funding would work with the current changes. But legislation would need to be reviewed and possibly changed. The funding would come from a number of places; foundations, medical system involvement, and insurance coverage would need to be looked at. Insurance coverage would be a huge issue; there are studies that suggest that the increase in insurance costs will not necessarily go up.
- ✓ Develop a plan to see what would need to be done before cost. Figure out what can be done prior to investing a lot of money. There are examples in medical training that can be used to help with these issues. There are training out there.
- ✓ SBIRT would be a place to start out. We currently have the money to start training the medical world to make the changes.
- ✓ CO is looking at this issue as a whole. Can we integrate behavioral health and mental health? What can the governor's office do to help this?
- ✓ We have a strong starting point with what we have in place. We already have a number of things in place, with SBIRT and the alliances that believe in this problem. We rally want to look at moving this into the integrated medical system. Mental health eats up the entire budget and treatment gets the leftover.
- ✓ Integration with mental health and substance abuse is the key in CO.
- ✓ The biggest problem is reimbursement, especially from the insurance companies. New codes have been released for Medicaid. HCFP is working with the medical codes for both Medicaid and insurances. Once this is address, we could move forward.

The Colorado Treatment System

Carmelita Muniz, Executive Director, CO Assoc. of Alcohol & Drug Service Providers (handouts provided)

- ◊ One of the benefits is that we address the whole problem; treatment, prevention and invention. For the most part the system has been reviewed but not funded. This is now changing. We have just received the Access to Recovery grant.

- ◊ In Colorado 6% of Colorado citizens are estimated to suffer from substance abuse and only 19% of have access to treatment. As a state we are far behind in the treatment. We need to grow, education and invest our system.
- ◊ There are a number of new, non-traditional people entering the system.
- ◊ Meth users are mostly in the rural areas. There are a number of stumbling blocks to improve treatment in these areas. The comprehensive community response model is being used. The treatment fits into this model. Assessment and initial response is where the mental health/behavioral health side.
- ◊ When clients relapse we returned them to treatment. We need to treat this as an illness.
- ◊ The 13 principles that NIDA has written is what treatment should look like. We need to understand the 5 stages of recovery: withdrawal, honeymoon, the wall, adjustment and resolution. We also need to handle the basic needs of the addict first. An entire community must work together to get this done.
- ◊ We need to find the tools that the community can use to do this. We need to have drug case management on this. You need prepare that addict they are going to feel BAD during the treatment, or you will lose that person. Also, with this group of addicts you will not be able to talk to them, you will need to use pictures. The brain is damage and they need to see pictures as well as reminders. There are a number of things that must be done in treatment.
- ◊ We must look at the needs of each addict. We can't just use the cookie cutter approach. There are stages that must be looked at for each case. The systems must be looked at to address this approach. The drug courts play a part in this; the court must change their phases in drug courts.
- ◊ Change must be measured in all areas, sleeping, eating, and not just using. Each step must be measured.
- ◊ Medial models, treatment is like the chemo of cancer. There is follow up for 5 years and we must look at treatment like that. We need to introduce a medical model to do follow up. Another example is recovery alcohol. Treatment is continual care and must be addressed for the lifetime.
- ◊ Funding is still the problem. What is the length of time to fund this treatment? How do we fund this without justification?
- ◊ Court supervision is another problem. Who is going to fund this? How long will the drug court have jurisdiction? Not longer than 2 years and then what? Dept of corrections would agree that funding is a problem.

Discussion-

- ✓ Dr Riggs has evidence programs that are working We have an integrated model for young adults and juveniles. They offered free treatment and found that 80% of kids came for treatment. They agreed to 16 weeks of treatment. This is an individual effort not a family treatment. 84% completed 16 weeks of treatment. The depression outcomes were great. Integrated treatment showed that this is what worked. The access to care for all the kids is key. We need to include primary care person.
- ✓ Paula is international known, she had placed ads on buses and has received a number of call from kids based the ads. This model has been used internationally. There is an 82% success rate. Rural areas are part of the studies.

- ✓ Primary target population is the young adults. We have a federal grant and can use this to use free treatment

- ✓ Pamela Gillen discussed the effects of Fetal Alcohol Syndrome. This causes damage to the child throughout the child's life. We need to use pictures as well as words to treat this group. This group needs to be discovered by the age of 6. 60% of this group has major problems and 90% of this group has mental health issues.
- ✓ Why do women use during pregnancy? They have mental health issues that have not been addressed as well as substance abuse. The treatment for this group needs to be looked at differently. If they have alcohol in their bloodlines there is a number of issues. WA State has the PCAP program that link women together to help each other.
- ✓ A lot of people are dealing with treatment. We are involved in cross systems. The task force is looking for partners. We need to bring together the communities to address the problem.
- ✓ Only 43% of treatment is being paid with state funds. The rest is coming from grants, sliding fee scales.
- ✓ SBIRT is working with Medicaid. We are hoping the primary care physical will start the screening and use the codes that are being developed and passed.
- ✓ 13 million dollars were received for the Access To Recovery grant to the governor's office.

Annual Report:

Co-Chair José Esquibel

- ◊ An executive summary will be added to the updated report
- ◊ The priority issues for 2007- there has been a number of items completed and some items that have not been accomplished yet. It is agreed on that this list will be kept on the table.
- ◊ It would be helpful to receive feedback or a result for the work you are doing. Please send the information to José by December 10, 2007. We would like to show how the task force work has helped your program.
- ◊ We would like to highlight the national work we have been doing. Would Drs. Taylor and Wells be willing to submit information on their program to be included in the report?
- ◊ Drew will write a first draft of the report. The co-chairs will review the draft and make recommendations prior to it being sent to the Attorney General.

Updates:

Co-Chair Lori Moriarty

- ◊ Staff has been hired for Colorado Alliance for Drug Endangered Children – Drew DeMarie and Jade Thomas have been hired with funds from the Daniel's Fund money. The money received from El Pomar will be used for the web coordinator.
- ◊ About 3 communities will be selected for the work on implementing the Colorado Blueprint. A set of criteria will be developed for selection.
- ◊ In the fourteen months since the task force was created there has been so much accomplished; the Blueprint, strategies, the development of web site, grants, and staff hired. This year-end report will be very exciting!

Dr. Wayne Maxwell

◊ The House Bill 1451 Interagency Oversight Groups of Larimer and Weld Counties were awarded a three-year $2.4 million federal grant from the Administration on Children, Youth and Families in U.S. Department of Health and Human Services to fund the Northeast Colorado Child Welfare Project. Island Grove Regional Treatment Center will serve as the grantee agency.

The project will focus on increasing the safety, well-being, and permanency of children in Larimer and Weld Counties who have become involved with the child welfare system as a result of their or their or family members' involvement with methamphetamines. Services provided will include a full continuum of integrated mental health and substance use disorder treatment, as well as a variety of support services for the children and their families.

Co-Chair Janet Wood

◊ The Access to Recovery (ATR) grant was awarded to the State of Colorado. The grant is for $13.6 million dollars to support individuals in receiving substance abuse treatment and recovery services in the state of Colorado. The grant is a collaborative effort between ADAD and Peer Assistance and is for 3 years. The grant will use a voucher system to target people who are less than 25 years old as well as people who abusing Meth and are in need of treatment.

Tom Quinn

◊ The American Probation and Parole Association will be providing some limited technical assistance to Colorado Probation to assist local departments in a process to increase treatment for meth abuse and to organize local collaboration toward that end. Colorado is one of three states that received this technical assistance after a competitive process. A provider has not been chosen yet.

Colonel Ryan

◊ The National Guard is very active in a national CACA group. The network that the guard has will be an asset to this group especially in the rural areas. José and the Colonel will have a follow up meeting.

Letter to the City of Denver

◊ A letter was sent to the city of Denver, regarding reduction to Meth Lab cleanup. The city replied that it is not dropping the clean-up efforts but has streamlined it. They are still working internally to figure out how to fund the program. The biggest problem is that environmental health did all the clean up before and now the city has to depend on the other assets.

Discussions

- ✓ Is one of the goals to make policies to the communities on how to do proceed with the recommendations? When and how will this group do this? Has this committee had Dr. Dell Elliott look at expanding any of his programs?
    - Response from Vice Chair Moriarty: We actually took the blueprint to Dell Elliott. He likes the way this would reach out to all. The knowledge of other communities is a problem and he felt good about the shared knowledge piece.

- The legislation direction was to help groups with any assistance that they might need. It is very unlikely that we would tell the counties what to do. But if you have things that you need help with, this is where we would come in. We will provide the toolkits and forms for each community to use.

- ✓ Jannelle Kruegger announced that March 17th there is a Violence Prevention Blueprint Conference that will be held in Denver/
- ✓ Dr. Wells, took a trip to Washington, D.C. to look at Meth Labs and the effects of smoking Meth on the lungs. She also meet with Montana legislators to discuss the meth problem and Sen. Salazar was part of this discussions.
- ✓ Dr. Wells will do a presentation at January's meeting.
- ✓ Shane Barr is a new court specialty court coordinator.
- ✓ Vice Chair Moriarty presented at recent conference at which a number of funders were present. Representatives of thirteen states attended this meeting and want to join this meeting. They want to see how they fit in with the efforts of the State Meth Task Force.
- ✓ Attorney General Suthers spoke at El Pomar Foundation to update them on what we are doing in this task force.

Next Meeting:

January 25, 2008, 10:00 a.m. – 1:00 p.m.
Colorado Municipal League
1144 Sherman St., Denver (South of the Capitol)